



## CIGARETTE & TOBACCO LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

### **LICENSE PERIOD:**

One year from date of issuance; Annually

### **APPLICATION:**

Complete and return application to City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202, telephone (414) 286-2238.

### **FEE:**

The \$100 license fee **must be submitted with application**. Checks should be made payable to the City of Milwaukee.

### **SIGNATURES:**

Signatures of the individual, all partners, the agent of the corporation, limited liability company, or limited partnership are required.

### **REQUIREMENTS:**

A permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1<sup>st</sup> floor, (414) 286-8211, <http://www.mkedcd.org/build/pdfs/occcert.pdf>.

A State Seller's Tax Number must be obtained from the State of Wisconsin, 819 N. 6<sup>th</sup> St, Room 408, (414) 227-4000, <http://www.dor.state.wi.us/>

### **REGULATIONS:**

The owner or operator of a premises licensed to sell cigarettes or tobacco products shall post a sign in the immediate area where those products are sold, stating that the sale of any cigarettes or tobacco products to a person under the age of 18 is unlawful under 106-23-3-a and ss. 134.66 and 254.92, Wis. Stats.

Any person who sells cigarettes from a vending machine shall place a decal, furnished by the city, in a conspicuous place, which states it is unlawful for persons under the age of 18 to purchase cigarettes.

### **DEFINITIONS:**

Cigarette: any roll of tobacco in paper or any substance other than tobacco.

Tobacco products: cigars; cheroots; stories; perique; granulated, plug cut, crimp cut, ready-rubbed and other smoking tobacco; snuff; snuff flour; cavendish; plug and twist tobacco; fine-cut and other chewing tobaccos; shorts; refuse scraps; clipping; cuttings and sweepings of tobacco and other kinds and forms of tobacco prepared in such a manner as to be suitable for chewing or smoking in a pipe or otherwise, or both for chewing or smoking.

**REFUND OF LICENSE FEE:** If an application is withdrawn or denied, you are eligible for a refund in the amount of \$50, provided the refund is requested no later than one year from the date of withdrawal or denial of the application. If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.

**DUPLICATE LICENSE FEE:** The fee for a duplicate license is \$8. You must bring a current photo Identification.



**City  
of  
Milwaukee**

## CIGARETTE & TOBACCO LICENSE APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION

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(414) 286-2238

E-MAIL ADDRESS: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)

ccl-115 (2/06)

\$100.00 License Fee must accompany this application; make check payable to the City of Milwaukee.

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, C, & D)  
☐ Corporation, LLC, or LP (Fill out Section A, B, C, & D)

<b>A</b>	<b>INDIVIDUAL OR PARTNERSHIP OR AGENT OF CORPORATION, LLC, OR LP:</b>	
	Full Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: (   )   -	Home Phone Number: (   )   -
	Date of Birth:	Date of Birth:
<b>B</b>	<b>Full Name of Corporation or Limited Liability Company:</b>	
<b>C</b>	Business Name:	Business Phone Number: (   )   -
	Business Address (include City, State, Zip Code):	Area (Location) in building where cigarettes/tobacco sold:
	Mailing Address (if different from above address):	
	Type of Business: (Example Food Store, Service Station, etc.):	
	Product Disbursement: (Check all that apply) Do you sell cigarettes/tobacco products - <input type="checkbox"/> Over the counter <input type="checkbox"/> or thru a Vending Machine?	
<b>D</b>	<p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p><b>I have knowledge of the City Ordinances currently regulating the license applied for herein, and that all statements made in the foregoing application are true and correct.</b></p> <p>_____/_____ Signature of Individual/Partners/Agent of the Corporation, LLC or LP</p>	

Office Use Only:

Initials:\_\_\_\_\_ Filed:\_\_\_\_\_ AD: \_\_\_\_\_ License #:\_\_\_\_\_ Issued:\_\_\_\_\_